

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CS</i>		<i>8/27</i>
O.I.P.E. CLASSIFIER		<i>13</i>	<i>8/30/00</i>
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>10-03-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>8/27/00</i>
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3	<i>10-03-00</i>
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If more than 150 claims or 10 actions  
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